

## The Pottsville Hospital and Warne Clinic



April 25, 2008

Jonathan Bauer  
Attorney at Law  
134 East 93<sup>rd</sup> Street  
Apt. 11A  
New York, NY 10128

**Re: Case of Valerie Young**

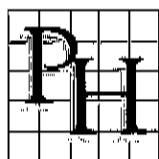
Dear Attorney Bauer:

At your request I have reviewed and evaluated documents regarding the death of Valerie Young to formulate an opinion based on reasonable medical certainty on the causation of death of Valerie Young who expired at the age of 49 years on June 19, 2005.

I have reviewed the following documents to arrive at my opinion:

1. Letter by Mark Rappaport, RN, of the State of New York Commission on Quality of Care and Advocacy for Persons with Disabilities dated October 24, 2005 addressed to Peter Uschakow, Director, Brooklyn DDSO
2. A letter by Diane M. Sixsmith, M.D. dated February 26, 2008 addressed to Jose L. Velez, Esq., Assistant Attorney General, New York State Department of Law.
3. Case analysis report of Investigator Mark Rappaport.
4. Selective medical records of Valerie Young from Brooklyn Development Center
2. The report of the autopsy performed on the body of Valerie Young on June 20, 2005 by Frede I. Frederic, M.D. in the Brooklyn Mortuary of the Office of Chief Medical Examiner of the City of New York.

I offer the following:



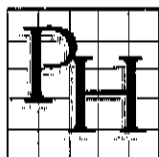
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1. The autopsy revealed massive bilateral pulmonary emboli due to deep vein thrombosis (DVT) of the legs found on posterior dissection of the lower extremities.  
The autopsy excluded anatomic causes for DVT such as cancer and other tumors, trauma, cardiovascular disease, congestive heart failure, recent surgery, and obesity. Dr. Frede concluded that the cause of the DVT was inactivity. I agree with the autopsy findings and opinion. I did not examine autopsy photos or microscopic slides of the lung, the veins of the legs, or other organs.
2. There are classical signs and symptoms of DVT that health care providers look for in patients to diagnose DVT and institute diagnostic testing and therapy. However, DVT is frequently asymptomatic or the symptoms are not classical. The first sign of DVT can be pulmonary emboli or sudden death. A high index of suspicion is necessary.
3. It is recommended that all patients be screened for DVT upon admission to a health care facility and then whenever there is a change in their clinical condition.  
Screening can include a check list of risk factors. Each risk factor is assigned a number. The numbers are added and the higher the sum, the more serious or higher the risk for DVT.  
There should be a plan for prophylaxis or treatment for risk categories from moderate to high to highest risk.  
The patient's physician must be notified of the DVT screening score.  
The State of New York Commission on Quality of Care and Advocacy for Persons with Disabilities had recommended a DVT risk assessment process and a plan for prophylaxis or treatment based on the results of the risk factor assessment.
4. Inactivity is a risk factor for DVT including sitting for long periods of travel in an automobile or plane.

### OPINION:

Valerie Young died as a result of bilateral massive pulmonary emboli due to deep vein thrombosis of the legs due to inactivity.  
Multiple factors contributed to this inactivity including prolonged sitting in a wheelchair, multi drug therapy and drug interactions, and the patient's medical, neurological, and psychiatric conditions.



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It was this inactivity that caused DVT in the legs. The thrombi broke loose in the legs, traveled to the lungs as pulmonary emboli and caused death.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Bindie', written over a horizontal line.

Richard P. Bindie, M.D., Forensic Pathologist

RPB/cmg

**RICHARD P. BINDIE, M.D.  
FORENSIC PATHOLOGIST**

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**CURRICULUM VITAE**

PREMEDICAL: LaSalle College, Philadelphia,  
Pennsylvania, 1959-1962

MEDICAL SCHOOL: Temple University School of Medicine,  
Philadelphia, Pennsylvania, 1962-1966

ROTATING INTERNSHIP: Germantown Hospital and Medical Center,  
Philadelphia, Pennsylvania, 1966-1967

OBTAINED LICENSE: Pennsylvania, 1967

PATHOLOGY RESIDENCY: Anatomical and Clinical Pathology,  
Germantown Hospital, 1967-1971  
(Chief Resident, 1969-1971)

CERTIFIED: Anatomical Pathology by American Board of  
Pathology, 1972

CERTIFIED: Clinical Pathology by American Board of  
Pathology, 1972

CERTIFIED: Forensic Pathology by American Board of  
Pathology, 1992

DIPLOMATE: American Board of Pathology, Certified in  
Forensic Pathology

FELLOW: College of American Pathologists

FELLOW: American Society of Clinical Pathologists

FELLOW: American Academy of Forensic Sciences

MEMBER: National Association of Medical Examiners

MEMBER: American Medical Association

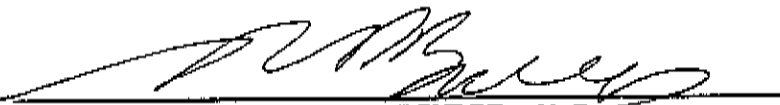
MEMBER: Pennsylvania Medical Society

MEMBER: Past President and Secretary, Schuylkill  
County Medical Society

MEMBER: Pennsylvania Association of Clinical  
Pathologists

MEMBER: American Society of Microbiology

DIRECTOR: Department of Pathology, Pottsville  
Hospital and Warne Clinic, Pottsville,  
Pennsylvania, 1975-present

  
RICHARD P. BINDIE, M.D.  
Forensic Pathologist